

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## RECEIVED UNITED STATES DISTRICT COURT

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for the

Western District of Texas

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY BOA  
DEPUTY CLERK

SAN ANTONIO Division

SA 21CA1189XR  
Case No.

(to be filled in by the Clerk's Office)

Mary Ann Ellis

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Goodheart Specialty Meats  
Texas Mutual Insurance Company  
Texas Department of Insurance

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

See AttachedJury Trial: (check one) ☒ Yes ☐ No

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Mary Ann Ellis  
P.O. Box 2694  
San Antonio (Bexar)  
Texas, 78299  
210-707-8732  
lashae.32388@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## Defendant No. 1

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

GoodHeart Specialty Meats/Blue Bonnet  
 Annalia Palmaz/Florencia Palmaz (Owners)  
 11122 Nacogdoches Road  
 San Antonio (Bexar)  
 Texas, 78217-2314  
 210-637-1963

## Defendant No. 2

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Texas Mutual Insurance Company  
 Elizabeth Johnson (Adjuster)  
 P.O. Box 12029  
 Austin  
 Texas, 78711-2029  
 512-224-6154  
 N/A

## Defendant No. 3

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Texas Department of Insurance  
 Erica Gomez (Ombudsman)  
 7551 Metro Center Drive Ste. #100  
 Austin  
 Texas, 78744-1645  
 512-804-4000 / 1-800-252-7031  
 N/A

## Defendant No. 4

Name  
 Job or Title (if known)  
 Street Address  
 City and County  
 State and Zip Code  
 Telephone Number  
 E-mail Address (if known)

Texas Mutual Insurance  
 2200 Aldrich Street  
 Austin  
 Texas, 78723  
 512-804-4018  
 N/A

Defendants

GoodHeart Specialty Meats  
Bluebonnet Foods  
Annalia Palmaz / Florencia Palmaz (Owners)  
Selective Employee's  
11122 Nacogdoches Road  
San Antonio (Bexar)  
Texas, 78217-2314  
210-637-1963

Texas Mutual Insurance Company  
Elizabeth Johnson (Adjuster)  
P.O. Box 12029  
Austin  
Texas, 78711-2029  
512-224-6154

Texas Mutual Insurance  
2200 Aldrich Street  
Austin, Texas 78723

Texas Department of Insurance  
Worker's Compensation Division  
Erica Gomez (Ombudsman)  
7551 Metro Center Drive  
Ste. #100  
Austin  
Texas, 78744-1645  
512-804-4000 / 1-800-252-7031

Defendants

Texas Department of Insurance  
Worker's Compensation Division  
Chief Clerk of Proceedings  
P.O. Box 17787  
Austin, Texas 78760-7787

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Mary Ann Ellis, is a citizen of the  
State of (name) Texas.

**b. If the plaintiff is a corporation**

The plaintiff, (name) N/A, is incorporated  
under the laws of the State of (name) N/A,  
and has its principal place of business in the State of (name)  
N/A.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

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b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.  
Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

*See Attached*

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

*See Attached*

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.



## Statement of Claim

I Mary Ann Ellis, I am filing a claim against GoodHeart Specialty Meats for Negligence, Improper medical attention, unsafe working environment, racial discrimination due to not allowing me to see a medical doctor after my accident and more.

Texas Mutual Insurance Company (Elizabeth Johnson (Ajuster)) accepted my extend of injury of Onychomycosis/ onychogryphosis back in August 2018 in a Verbal phone conversation with my ombudsman Maria G. at that time. Elizabeth Johnson changed her mind and disputed my injury. I have had problems with GoodHeart Specialty Meats Administration and Texas Mutual Insurance Company since June 8, 2017 until present time.

I never had maxium medical improvement because my condition continued to worsen because I was without medicine and a medical doctor. There has been No improvement at all. I am stuck with a permanent impairment from being Denied proper medical attention. Also my impairment rating started at 3% and rose to 9% due to medical Neglect.

①

Mary Ann Ellis

## Statement of Claim

I was given a new ombudsman Erica Gomez in 2020 I was still having the same problems constantly back and forth without the proper medical attention and doctors. Texas Mutual denied medication on many occasions and my condition worsened.

My case was railroaded into the system of me being violated in many ways. I'm stuck with a permanent impairment and no job due to my right hand injury of chemical spilling on my hand in an unsafe work place. The judge in the hearing did not acknowledge the denial of medical attention from June 8, 2017 to present time. I have medical bills that have not been paid also the medicine that I receive is not clearing the injury at all. No improvement. All the defendants should be held Accountable.

I'm asking for a Jury Trial so I can present other evidence

Thank's  
Troy Ellis



**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12/01/2021

Signature of Plaintiff

Printed Name of Plaintiff

Mary Ann Ellis  
Mary Ann Ellis

**B. For Attorneys**

Date of signing: N/A

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A